CONMED CORP Form 4 June 07, 2013

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * DANIELS BRUCE			2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Shoon an applicable)			
406 ROSS COURT			(Month/Day/Year) 06/07/2013	X Director 10% Owner Officer (give title below) Other (specify below)			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
NEW HARTFORD, NY 13413			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

(City)	(State)	(Zip) Ta	able I - Non-l	Derivative Securities Acqui	red, Disposed of,	or Beneficially	Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired (A)	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	or Disposed of (D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)	Beneficially	Form:	Beneficial
		(Month/Day/Year)) (Instr. 8)		Owned	Direct (D)	Ownership
					Following	or Indirect	(Instr. 4)

	(Month/Day/Year)	(Instr S	3)	(,		- /	Owned	Direct (D)	Owne
	(Mondin Day) Tear)	(msu. (,				Following	or Indirect	(Instr.
					(A)				
							` '	(Instr. 4)	
		Code	V	Amount	(D)	Price	(Instr. 3 and 4)		
						\$			
06/07/2013		S		2,000	D	32.1418 (1)	3,400	D	
	06/07/2013	(Month/Day/Year) 06/07/2013	Code	Code V	Code V Amount	(A) or Code V Amount (D)	Code V Amount (A) or Or Price \$ 06/07/2013 S 2,000 D 32.1418	Code V Amount Code S 2,000 D 32.1418 3,400 Following Reported Transaction(s) (Instr. 3 and 4) Code S Code Transaction(s) (Instr. 3 and 4) Code S Code S Code C	Code V Amount Code V 2,000 D 32.1418 3,400 D Code Code

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	:		Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
DANIELS BRUCE								
406 ROSS COURT	X							
NEW HARTFORD NY 13413								

Signatures

Daniel S. Jonas for Bruce F. Daniels by Power of Attorney 06/07/2013

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.13 (1) to \$32.17. Full information regarding the number of shares sold at each separate price will be provided upon request of the commission staff, ConMed, or a ConMed security holder.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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